

**OBJECTIVE HEARING AND VISION TESTING  
MARYLAND HEALTHY KIDS PROGRAM**

Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Objective Vision Testing recommended at ages 4 to 6, 12, 15, and 18 years**

Date of Service: \_\_\_\_\_

Date of Service: \_\_\_\_\_

Screened by: \_\_\_\_\_

Screened by: \_\_\_\_\_

**Ages 4 – 6**

Visual Acuity    R \_\_\_\_\_    L \_\_\_\_\_

Muscle Balance:

    Near        R \_\_\_\_\_    L \_\_\_\_\_

    Far        R \_\_\_\_\_    L \_\_\_\_\_

Vision Fusion:

    Pass \_\_\_\_\_    Fail \_\_\_\_\_

Color Screens (optional);

    Pass \_\_\_\_\_    Fail \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

**Ages 7 – 20**

Visual Acuity    R \_\_\_\_\_    L \_\_\_\_\_

Muscle Balance:

    Near        R \_\_\_\_\_    L \_\_\_\_\_

    Far        R \_\_\_\_\_    L \_\_\_\_\_

Hyperopia:

    Pass \_\_\_\_\_    Fail \_\_\_\_\_

    Pass \_\_\_\_\_    Fail \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

**Objective Hearing Testing recommended at ages 4 to 6, 12, 15, and 18 years**

Date of Service: \_\_\_\_\_

Date of Service: \_\_\_\_\_

Screened by: \_\_\_\_\_

Screened by: \_\_\_\_\_

HZ                1000        2000        4000

HZ                1000        2000        4000

Rt. \_\_\_\_db    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_

Rt. \_\_\_\_db    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_

Lt. \_\_\_\_db    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_

Lt. \_\_\_\_db    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_